

**FRAMEWORK AGREEMENT POPULATION TEMPLATE**

**SARS (SPEND ANALYSIS AND RECOVERY SERVICES) II**

**REFERENCE NUMBER**

**RM 3820**

**ATTACHMENT 3**

Please complete the tables below as applicable. This information will be used to populate the Panel Agreement if successful in this procurement.

**GENERIC INFORMATION OF SUPPLIER:**

|  |  |
| --- | --- |
| **Information Required** | **Response** |
| Generic Email Address |  |
| Generic Telephone Number |  |
| Internet Address |  |

**FRAMEWORK AGREEMENT – CLAUSE 46.6.2:**

|  |  |
| --- | --- |
| **Information Required** | **Response** |
| Name of Supplier |  |
| Address of Supplier |  |
| For Attention of – Supplier Contact Name |  |
| Telephone |  |
| Fax |  |
| Email |  |

**SCHEDULE 11 – MARKETING:**

|  |  |  |
| --- | --- | --- |
| **Required Details** |  | **Details** |
| Marketing Contact Name | [insert details] |  |
| Marketing Address | [insert details] |  |
| Marketing Telephone Number | [insert details] |  |
| Marketing E-Mail Address | [insert details] |  |

**SCHEDULE 14, ANNEX 1: REQUIRED INSURANCES:**

|  |  |
| --- | --- |
| **PART A: THIRD PARTY PUBLIC & PRODUCTS LIABILITY INSURANCE** | |
| **Information Required** | **Response** |
| Maximum Deductible Threshold (£) |  |
| **PART B: PROFESSIONAL INDEMNITY INSURANCE** | |
| **Information Required** | **Response** |
| Maximum Deductible Threshold (£) |  |

**SCHEDULE 17 – COMMERCIALLY SENSITIVE INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Date** | **Item(s)** | **Duration of Confidentiality** |
|  | [insert date] | [insert details] | [insert duration] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |